

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.
Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

FOR OFFICE USE ONLY

Postmark Date: 1/11/98

1980139

REC

10
11
12
13
14
15
16
17
18
19
20

1. NAME Adams Sandra C.
Last First MI
2. BUSINESS PHONE (504) 925-7239 or 925-7238
Area Code and Phone Number
3. BUSINESS ADDRESS 1772 Wooddale Blvd., Baton Rouge, LA 70806
Street and No. City State Zip
4. EMPLOYER LA Coalition for Maternal & Child Health (LA MCH Coalition)
5. EMPLOYER'S ADDRESS 1772 Wooddale Blvd., Baton Rouge, LA 70806
Street and No. City State Zip
6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.
1. Name LA Coalition for Maternal & Child Health (LA MCH Coalition)
Address 1772 Wooddale Blvd., Baton Rouge, LA 70806
Business or purpose advocacy for maternal and child health
Does this person pay you? yes (see #4 above)
If No, who pays you? _____
2. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____

LOBBYING REGISTRATION FORM

55
Lobbyist's Registration Number

3. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____
4. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____
5. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____

State of Louisiana

Parish of East Baton Rouge

Before me, the undersigned authority, personally came and appeared Bandra C. Adams, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Bandra C. Adams
Signature of Lobbyist

Sworn to and subscribed before me on this 8th day of
December, 19 97.

Margaret Thompson
Notary Public

Rev. 8/97

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY

